

WIC Child Recertification – Health and Diet Questions

18 Months through 4 Years of Age

Your Child's Name _____ Today's Date _____ Child's Date of Birth _____ Sex _____

The following question is optional. Your answer will be used for reporting purposes. If you do not answer, a selection will be made for you by the staff. This does not affect you receiving WIC benefits.

1. a. Is your child Hispanic or Latino? ☐ Yes ☐ No
- b. Is your child Arabic? ☐ Yes ☐ No
- b. Check (✓) all races that apply to your child:
☐ American Indian or Alaska Native ☐ Native Hawaiian or other Pacific Islander
☐ Asian ☐ White
☐ Black or African American

Please answer the following questions. These questions are asked to see if your child may be eligible for the WIC Program. Please check (✓) your answer or fill in the blank. All answers are confidential.

2. Check (✓) all that are true for your child:
☐ up-to-date on shots ☐ needs health insurance ☐ often ill, sickly
☐ has health insurance ☐ needs to see a doctor ☐ is healthy
☐ has had a check-up with a doctor ☐ has had a check-up at Health Dept. ☐ is breastfeeding
☐ in past 12 months (medical care) ☐ in past 12 months.
3. Has your child been to the doctor in the past year? ☐ No ☐ Yes
If yes, where? (Please check (✓) all that apply):
☐ Doctor's office (05) ☐ Health department clinic (02)
☐ Health Maintenance Organization (HMO) (04) ☐ Hospital emergency room (03)
☐ Hospital outpatient clinic (01) ☐ Other (06) _____
4. Please describe any medical or nutritional conditions your child has or has ever had: _____

5. Does your child take any medicines (prescription or non-prescription)? ☐ No ☐ Yes ³⁵⁷⁺

DEVELOPMENTAL/NUTRITIONAL QUESTIONS

1. Does your child have any tooth problems that make it difficult to eat? ☐ No ☐ Yes ³⁸¹
2. If your child is less than 2 years old:
 - a. Was his/her birth weight less than 5½ pounds? ☐ No ☐ Yes ¹⁴¹⁺
 - b. Was your child diagnosed as Small for Gestational Age at birth? ☐ No ☐ Yes ¹⁵¹⁺

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3. The following questions are to be answered by the biological mother only:

What is the current height and weight of this child's biological mother? _____ 114 (BMI \geq 30)
Height Weight

4. The following question is to be answered by the biological father only:

What is the current height and weight of this child's biological father? _____ 114 (BMI \geq 30)
Height Weight

5. About how many hours did your child sit and watch television or videos yesterday?
_____ Hours (Answer for children 2 years and older - CDC)

6. Does anyone living in your household smoke inside the home? ____ No ____ Yes (CDC)

7. Do you have any questions or concerns about your child? _____

DIET QUESTIONS

Your child's health:

What are your child's snacks and meals like: (when, where, with who)

What are foods you think your child doesn't get enough of:

What are your thoughts about your child's size, shape and growth:

What activities does your child like to do and how does he/she spend his/her time:

How many meals does your child eat most days? _____

How many snacks does your child eat most days? _____

How many times does your child drink milk most days? _____

How many times does your child drink juice most days? _____

Is your child's appetite usually: Good _____ Fair _____ Poor _____

Is your child on a special diet and what is it? _____ 403+

How many times a week does your child eat Fast Food? _____

Does your child eat or drink any of the following every day or most days?

(Check and then circle all that apply)

1. ____ Skim, $\frac{1}{2}$ %, 1% or 2% milk 425 < 24 mo.
2. ____ Milk substitutes (rice milk, soy milk, non-dairy creamer, sweetened condensed milk or homemade concoctions) 425
3. ____ Soda pop, flavored water, sports drinks, sweetened tea or Jell-O water 425
4. ____ Baby food or blenderized food only 425

Does your child eat or drink any of the following? 405 (Check all that apply)

5. ____ Unpasteurized (raw) juice or milk
6. ____ Soft cheese (like feta, brie, camembert, blue or Mexican style cheese such as queso blanco, queso fresco or Panela unless labeled as made with pasteurized milk)
7. ____ Raw or undercooked (rare) meat, fish, poultry or eggs
8. ____ Raw sprouts or raw or undercooked tofu
9. ____ Hot dogs, lunchmeats, and other deli meats not reheated to steaming hot

Does your child? 419 (Check all that apply)

10. ____ Use a bottle
11. ____ Sleep with a bottle
12. ____ Use the bottle all throughout the day, or as a pacifier
13. ____ Take cereal or other food in a bottle
14. ____ Drink juice in a bottle
15. ____ Sip from a training cup all day long 425
16. ____ Use a pacifier dipped in sugar, honey or syrup 425

Does your child? (Check all that apply)

- 17. ____ Eat a strict vegetarian diet 402+ or 403+
- 18. ____ Eat a low calorie/weight loss diet 403+
- 19. ____ Regularly eat non-food items (ashes, carpet fibers, cigarettes or cigarettes butts, clay, dust, foam rubber, paint chips, soil, laundry starch or corn starch) 421+
- 20. ____ Have to eat food he/she doesn't like or want
- 21. ____ Eat only by being spoon-fed (child never feeds self with spoon, fingers, etc.) 425
- 22. ____ Choke on his/her food often 425
- 23. ____ Take a fluoride supplement daily 424 (no)
- 24. ____ Take a vitamin or mineral supplement daily 424 (no) What kind _____
- 25. ____ Use herbal supplement remedies or teas 423 What kind _____

Thank you for completing this form. Please let staff know you are finished.

WIC STAFF USE ONLY

Biochemical Risk-201	Hct. %	Hgb. gm
12 thru 23 months	<33.0	<11.0
24 thru 59 months	<33.0	<11.0

WIC Anthropometric Risk		Circle assigned codes
103	<p><u>At risk of becoming underweight.</u> For child <24 months who is at or above the 5th percentile for weight-for-length and at or below the 10th percentile for weight-for-length.</p> <p>or</p> <p>For child ≥ 24 months who is at or above the 5th percentile and at or below the 10th percentile BMI-for-age.</p>	135+ (Con't.) Children ≥12 months to 59 months of age whose 1st of two weight-for-age plots is at or above the 25th percentile and the 2nd plot is at a 5 percentile or more drop from the first plot, then perform calculation to determine if criteria is met for risk code.
104+	<p><u>High Risk Underweight.</u> For child ≤ 24 months who is below the 5th percentile weight-for-length.</p> <p>or</p> <p>For child ≥ 24 months who is below the 5th percentile BMI-for-age.</p>	141+ <u>Low Birth Weight and up to 24 Months.</u> Birth weight 2500 grams or less (at or less than 5 lb. 8 oz.).
113+	<p><u>High Risk Overweight.</u> For child 2 to 5 years of age who is at or above the 95th percentile BMI for age.</p>	151+ <u>Small for Gestational Age and up to 24 Months.</u> Diagnosed presence of small-for-gestational age.
114	<p><u>At risk of becoming overweight.</u> For child ≥ 24 months who is at or above the 85th percentile and below the 95th percentile BMI-for-age.</p> <p>or</p> <p>Child ≥ 12 months whose biological mother or father is obese (BMI ≥ 30) at time of certification. (Self reported by mother or father only.)</p>	
121	<p><u>Short Stature.</u> At or below the 10th percentile for length or stature-for-age.</p>	
135+	<p><u>Inadequate Growth.</u> Children ≥12 months to 59 months of age whose 1st of two weight-for-age plots is below the 25th percentile and 2nd plot is at a percentile less than the previous plot, then perform calculation to determine if criteria is met for risk code</p>	

Referral Codes:

_01 EPSDT	_17 Private Physician	_33 Brstfeeding Peer Support-LLL	_51 Voter Changed Address
_02 Family Planning	_18 Registered Dietitian-WIC	_34 Early On	_52 Voter Registration Declined
_03 Infant Support Services	_19 Registered Dietitian-Non-WIC	_35 Legal Aid	_53 Voter Mailed Form
_04 Maternal Support Services	_20 STD Clinic	_36 Environmental Health	_59 Social Worker
_05 Hearing Screening	_21 Well Child Clinic	_37 Lead Screening	_60 Healthy Start
_06 Vision Screening	_22 Community Mental Health/Mental Health Services	_38 MI Child	_61 Summer Feeding Program
_07 Public Health Nursing	_23 Healthy Kids (MICH-Care)	_39 Prenatal Enrollment & Coordination Program	_62 Child Support Services
_08 Children's Special Health Care Services	_24 Prenatal Clinic	_40 Imm. Assessment with card	_63 Smoking Cessation
_09 Food Stamps/Cash Out	_25 Head Start	_41 Imm. Assessment-No Card	_64 Project FRESH
_10 Family Independence Agency	_26 CSFP/Focus: HOPE	_42 Imm. Card-No Assessment	_65 Women's Shelter/Resource
_11 Medicaid	_27 Emergency Food Pantry/Programs & TEFAP	_43 No Imm.Card-No Assessment	_66 Strong Families-Safe Children
_12 Preventive/Protective Services	_28 Non-food Emergency Services	_44 Vaccinated in WIC	_67 Maternity Outpatient Medical Services Program (MOMS)
_13 MSU Extension	_29 Job Training Employment	_45 Immunization Referral-Local Immunization Clinic	_95 _____
_14 Intermediate School District	_30 Migrant Services	_46 Immunization Referral-Doctor	_96 _____
_15 Substance Abuse/Counseling/Treatment	_31 Parenting Classes	_47 No Immunization Needed	_97 _____
_16 Dental	_32 Lactation Specialist	_50 New Voter Registration	_98 _____
			_99 _____